

STATE OF WEST VIRGINIA
State Tax Department, Charitable Bingo/Raffle Unit
P.O. Box 1143
Charleston, WV 25324-1143



Name _____

Address _____

Account #: _____

City _____ State _____ Zip _____

WV/RAFBRD-1
rtL181 v 11-web

LICENSE APPLICATION TO SELL RAFFLE BOARDS AND GAMES

Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail. Please visit www.wvtax.gov for additional information.

Registration Year: _____	to _____	Due Date: _____	_____
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Check Type: _____	Wholesaler or Distributor <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Manufacturer and Distributor <input type="checkbox"/>
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Under West Virginia Code § 47-23 Wholesalers, Distributors or Manufacturers making sales to West Virginia Retailers must have a current Raffle Boards and Games License.

The annual fee is \$500.00 - Amount Enclosed _____	_____
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Also you must be registered to do business in the State of West Virginia pursuant to the provisions of West Virginia Code § 11-12.

If you have not registered to do business in West Virginia, please review the information in the enclosed booklet, complete the Application for Registration Certificate (WV/BRT-801) and mail it with this application.

IF YOU ARE A NONRESIDENT SUPPLIER OF RAFFLE BOARDS AND GAMES TO WEST VIRGINIA RETAILERS, YOU MUST DESIGNATE A RESIDENT AGENT UPON WHOM NOTICE OF PROCESS MAY BE SERVED. PLEASE FURNISH THE FOLLOWING INFORMATION:

RESIDENT AGENT: _____ TELEPHONE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

**Complete and return this application and \$500.00 remittance.
Make checks payable to West Virginia State Tax Department**

Should you have any questions, please contact the Charitable Bingo/Raffle Unit at (304) 558-8510

Make a photocopy of this application for your records before mailing it.

Sign Your Return			
Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.			
(Signature of Taxpayer)	(Name of Taxpayer - Type or Print)	(Title)	(Date)
(Person to Contact Concerning this Return)	(Telephone Number)	(E-mail Address)	
(Signature of preparer other than taxpayer)	(Address)	(Date)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT

Charitable Bingo/Raffle Unit

P.O. Box 1143, Charleston, WV 25324-1143

FOR ASSISTANCE CALL (304) 558-8510

For more information visit our web site at: www.wvtax.gov

File online at <https://mytaxes.wvtax.gov>



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